

4746

DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS State File No. 15  
STANDARD CERTIFICATE OF BIRTH State Registered No. 109a

PLACE OF BIRTH—Lila  
County Lila State Kujana  
Township San Carlos or Village San Carlos  
City San Carlos No.        St.        Ward         
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Marie Koter (If child is not yet named, make supplemental report, as directed)

3. Sex of child M To be answered ONLY in event of plural births. 4. Twin, triplet or other        5. Number, in order of birth        6. Legitimate?        7. Date of birth Sept 8 1922 9-8-22 (Month, day, year)

FATHER		MOTHER	
8. Full name <u>William Koter</u>	14. Full maiden name <u>Mable Kupa</u>	15. Residence (Usual place of abode) <u>San Carlos</u>	16. Color or race <u>Indian</u>
9. Residence (Usual place of abode) <u>San Carlos</u>	15. Residence (Usual place of abode) <u>San Carlos</u>	16. Color or race <u>Indian</u>	17. Age at last birthday <u>22</u> (Years)
10. Color or race <u>Indian</u>	11. Age at last birthday <u>22</u> (Years)	18. Birthplace (city or place) <u>Kujana</u>	19. Occupation <u>Farmer</u>
11. Age at last birthday <u>22</u> (Years)	12. Birthplace (city or place) <u>Kujana</u>	19. Occupation <u>Farmer</u>	20. Nature of Industry <u>Farmer</u>
12. Birthplace (city or place) <u>Kujana</u>	13. Occupation <u>Farmer</u>	20. Nature of Industry <u>Farmer</u>	
13. Occupation <u>Farmer</u>	21. Nature of Industry <u>Farmer</u>		

21. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn       

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was 9-8-1922 at        m. on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Sarah Chapman Tuley  
(Physician or Midwife)

Given name added from a supplemental report 419-908-1131 Address San Carlos  
(Month, day, year)

Filed       , 19